

**In the Matter of:**

**CASE NO. 91-237**

Commission Staff has submitted to the Commission an Electrical Utility Accident Investigation Report dated May 10, 1991, appended hereto, which alleges:

1. On April 15, 1991, Jimmy D. Brumback, an employee of Jackson County, was injured while replacing a damaged cut-out on a 3-phase transformer bank in Estill County, Kentucky. He suffered serious burns when he came into contact with an energized 7,200 volt conductor. At the time of the accident, Mr. Brumback was not wearing the rubber gloves provided to him, nor had he tested or grounded the conductor.

2. At the time of the incident, Mr. Brumback was the person-in-charge at the accident site.

3. Jackson County's safety rules require all employees to use rubber gloves when working near energized lines and to test and ground energized lines before considering them de-energized.

4. Mr. Brumback's failure to wear rubber gloves while working near energized lines is a violation of National Electrical Safety Code Section 42 (420H) which requires that employees use the personal protective equipment and devices provided for work.

5. Mr. Brumback's failure to test and ground the energized line before repairing it is a violation of National Electrical Safety Code Section 42 (420D) which requires employees to perform preliminary inspections or tests to determine existing conditions before working on energized lines.

6. Mr. Brumback's failure to use rubber gloves while working near an energized line and his failure to test and ground the energized line in question are violations of National Electrical Safety Code Section 42 (421A) which, inter alia, directs a foreman or person-in-charge to "see that the safety rules and operating procedures are observed."

7. At the time of the accident, Mr. Brumback was an employee of Jackson County and acting within the scope of his employment.

8. As a result of Mr. Brumback's failures, Jackson County is in probable violation of Commission Regulation 807 KAR 5:041, Section 3(1).

The Commission, on its own motion, HEREBY ORDERS that:


1. Jackson County shall submit to the Commission within 20 days of the date of this Order a written response to the allegations contained in the Electrical Utility Accident Investigation Report.

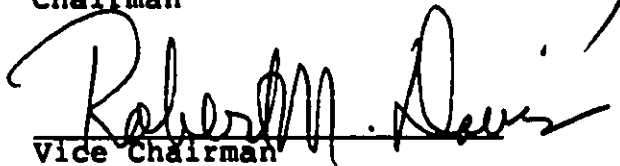
2. Jackson County shall appear on September 27, 1991 at 10:00 a.m., Eastern Daylight Time, in Hearing Room 1 of the Commission's offices at 730 Schenkel Lane, Frankfort, Kentucky, for the purpose of presenting evidence concerning the incident which is the subject of the Electrical Utility Accident Investigation Report, specifically the alleged violations of Commission Regulation 807 KAR 5:041, Section 3, and of showing cause, if any it can, why it should not be subjected to the penalties of KRS 278.990 for its alleged failure to comply with Commission Regulation 807 KAR 5:041, Section 3.

3. The Electrical Utility Accident Investigation Report dated May 10, 1991 is hereby made a part of the record of this case.

Done at Frankfort, Kentucky, this 17th day of July, 1991.

PUBLIC SERVICE COMMISSION

  
Chairman

  
Vice Chairman

\_\_\_\_\_  
Commissioner

ATTEST:

  
Executive Director

APPENDIX

APPENDIX TO AN ORDER OF THE KENTUCKY PUBLIC SERVICE  
COMMISSION IN CASE NO. 91-237 DATED JULY 17, 1991

ELECTRICAL UTILITY ACCIDENT INVESTIGATION

DATE OF THIS REPORT 5/10/91 SUBMITTED BY Robert Ueltschi

NAME OF UTILITY Jackson County RECC

ACCIDENT REPORTED BY Mr. Bobbie Lakes - Consumer Accounts and Services  
Manager

DATE AND TIME ACCIDENT OCCURRED 4/15/91 - 1:55 P.M.

DATE & TIME UTILITY LEARNED OF ACCIDENT 4/15/91 - 1:55 P.M.

DATE & TIME ACCIDENT REPORTED 4/15/91 - 2:30 P.M.

DATE OF ACCIDENT INVESTIGATION 4/16/91

DATE SUMMARY WRITTEN REPORT WAS RECEIVED FROM UTILITY 4/17/91

PERSONS ASSISTING IN THE INVESTIGATION Bobbie Lakes, Coleman Bingham,  
Dennis Roberts, Billy Brockman - Jackson County RECC and Robert  
Ueltschi - PSC.

NAME OF VICTIM(S) 1. Mr. Jimmy D. Brumback SEX M AGE 34

FATAL No NAME OF EMPLOYER: \_\_\_\_\_

INJURIES Burns on left hand between thumb and index finger, also  
burned on right foot between heel and ankle and both sides of foot  
and bottom.

2. \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

FATAL \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

INJURIES \_\_\_\_\_

3. \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

FATAL \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

INJURIES \_\_\_\_\_

**ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)**

**LOCATION OF ACCIDENT SITE** Mountain Springs Road in the Furnace  
Community of Estill County, Kentucky.

**DESCRIPTION OF ACCIDENT** Mr. Brumback was in the process of replacing  
a damaged cut-out on the pole of a 3 phase transformer bank when  
he apparently came in contact with a 7,200 volt line.

**SOURCE OF INFORMATION** Mr. Bobbie Lakes, Consumer Accounts and Services  
Manager, Mr. Coleman Bingham, Maintenance Superintendent, Mr. Dennis  
Roberts, Mr. Bill Brockman - Employees of Jackson County RECC and an  
on site investigation.

**PROBABLE VIOLATIONS OF COMMISSION REGULATIONS** Mr. Jimmie D. Brumback,  
Maintenance Foreman for Jackson County RECC, had apparently not tested  
the line he was going to work on to determine if it was energized.  
Additionally, he did not ground the line he intended to work on, nor  
was he wearing rubber gloves or sleeves when working on the line.  
Mr. Brumback was in probable violation of 807 KAR 5:041, Section 3(1).  
Acceptable standards 1990 NESC, Section 42(420D), Section 42(420H),  
and Section 42(421A(1) and (2)). Additionally, Jackson County RECC's  
Safety Manual, 507a and 516a.

**RECOMMENDATIONS** The Commission should consider action pursuant to  
KRS 278.990.

**CORRECTIVE ACTION**    None

None

# LINE CLEARANCES

	<u>As Measured</u>	<u>Minimum Allowed by NESC</u>
<b>A. AT POINT OF ACCIDENT</b>		
Phase conductor to ground elevation:	North 28'-6" Center 28'-9" South 28'-10"	20'-0"
Neutral conductor to ground elevation:	24'-5"	18'-0"
Communication conductor to ground elevation:	N/A	N/A
Phase conductor to structure:	N/A	N/A
Neutral conductor to structure:	N/A	N/A
Communication conductor to structure:	N/A	N/A
<b>B. AT LOWEST POINT OF SPAN</b>		
Phase conductor to ground elevation:	North 28'-6" Center 28'-9" South 28'-10"	20'-0"
Neutral conductor to ground elevation:	24'-5"	18'-0"
Communication conductor to ground elevation:	N/A	N/A
<b>C. SPAN LENGTH</b> <u>24'-6"</u>		
Date the line or facilities were constructed: <u>(1960)</u>		
Utility: <u>Jackson County RECC</u>		
Date: <u>4/16/91</u> Time <u>1:10 P.M. EST.</u>		
Approximate temperature: <u>77 Degrees F</u>		
Measurements made by: <u>Mr. Coleman Bingham - Maintenance Superinten-</u> <u>dent of Jackson County RECC and witnessed by Robert Ueltschi of the</u> <u>Public Service Commission's Engineering Staff.</u>		

Submitted by: 



# ACCIDENT-EMERGENCY REPORT FORM

DATE: 4-15-91 TIME: 2:30 P.M.- Reported to Eli El-Rouaiheb  
 COMPANY: Jackson County Rural Electric Cooperative Corporation  
 PERSON MAKING CALL: NAME: Bobbie Lakes  
 TITLE: Consumer Accounts and Services Manager  
 ADDRESS: P.O. Box 307, McKee, Kentucky 40447  
 PHONE: 606-287-7161

DATE AND TIME ACCIDENT OCCURRED: 4-15-91 1:55 P.M.  
 LOCATION OF OCCURRENCE: Mountain Springs, Estill County, Kentucky

NAMES OF VICTIM(S): Jimmy D. Brumback  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXTENT OF INJURIES: DEATHS: YES \_\_\_\_\_ NO X INJURIES: YES X NO \_\_\_\_\_  
 DESCRIPTION OF INJURIES: Burned on left hand, mainly between thumb & index  
finger, and on right foot between the heel and ankle and right and left side  
of foot and on bottom of foot.

CAUSE AND DESCRIPTION OF ACCIDENT: Was attempting to replace a damaged cut-out  
on a 30 Transformer Bank and apparently came in contact with the 7200 volts.

EFFECTS ON NORMAL SERVICE: Petro-Hunt Oil Company Transformer Bank had been  
de-energized.

CORRECTIVE ACTIONS TAKEN: Service is or will be restored 4-16-91.

TIME OF RESUMPTION OF NORMAL SERVICE: \_\_\_\_\_  
 SIGNED: Bobbie Lakes Bobbie Lakes  
 TITLE: Consumer Accounts and Services Manager  
 DATE: April 15, 1991

IF THIS CASE WAS OSHA RECORDABLE, INDICATE REASON  
FOR RECORDING AND GIVE OSHA CASE OR FILE NUMBER.

This form fulfills the requirements for OSHA Form 101

Burned

Reason for recording (e.g., "Loss of consciousness")

310

OSHA Case or File Number (from your OSHA Form 200)

<p>OSHA 302-200 AUTHORIZES A FINE FOR EMPLOYER'S REFUSAL OR WILLFUL NEGLECT TO SUBMIT THIS ORIGINAL REPORT WITHIN ONE WEEK OF KNOWLEDGE OF INJURY TO THE WORKERS' COMPENSATION BOARD. TO COMPLY WITH THIS LAW, EACH QUESTION SHALL BE ANSWERED COMPLETELY, ACCURATELY AND LEGIBLY. IMPROPERLY PREPARED REPORTS WILL BE REFUSED AND RETURNED PLEASE USE TYPEWRITER OR PRINT IN INK. COMPLETE ALL QUESTIONS!</p>		1. EMPLOYER'S NAME <b>Jackson County RECC</b>		EMPLOYER NUMBER <b>61-0236351</b>		2. STREET OR ROAD <b>McKee Jackson Ky 40447</b>		LOCATION AT WHICH EMPLOYEE WORKED		DO NOT WRITE - THIS COLUMN					
		3. IF INDIVIDUAL OR PARTNERSHIP, NAME OF BUSINESS		4. CITY		COUNTY		STATE		ZIP		PH No.			
		5. MAILING ADDRESS <b>P.O. Box 307</b>		6. AREA CODE TELEPHONE <b>606-287-7161</b>		7. UNEMPLOYMENT INSURANCE I.D. No. <b>12326--5</b>		8. NATURE OF BUSINESS (e.g., use numbering book mfp.) <b>Electric Distribution</b>		9. EMPLOYER'S NO.		U.I. No.			
		6. CITY		COUNTY		STATE		ZIP		10. WORKERS' COMPENSATION INSURANCE CARRIER (IF SELF-INSURED, CHECK HERE <input type="checkbox"/> )		11. SPECIFIC PRODUCT OR SERVICE COMPRISING MAJORITY OF SALES (e.g., mfg. goods)		Industry	
		6. CITY		COUNTY		STATE		ZIP		10. WORKERS' COMPENSATION INSURANCE CARRIER (IF SELF-INSURED, CHECK HERE <input type="checkbox"/> )		11. SPECIFIC PRODUCT OR SERVICE COMPRISING MAJORITY OF SALES (e.g., mfg. goods)		Sec. Est. No.	
EMPLOYEE	12. EMPLOYEE'S NAME FIRST <b>Jimmy</b>		MIDDLE <b>D.</b>		LAST <b>Brumback</b>		13. AREA CODE TELEPHONE (HOME) <b>606-287-8377</b>		14. SOCIAL SECURITY NO. <b>403-92-2744</b>		Age				
	15. EMPLOYEE'S HOME ADDRESS <b>229 Jacks Ridge Road</b>		16. SINGLE <input type="checkbox"/> MALE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> FEMALE <input type="checkbox"/>		17. DATE OF BIRTH <b>3-22-57</b>		18. DEPARTMENT IN WHICH REGULARLY EMPLOYED <b>Maintenance</b>		19. DEPARTMENT WHERE WORKING WHEN INJURY OR OCCURRED <b>Maintenance</b>		Sex				
	18. CITY		COUNTY		STATE		ZIP		20. REGULAR OCCUPATION (JOB TITLE) <b>Maintenance Foreman</b>		Marital Status				
	18. CITY		COUNTY		STATE		ZIP		20. REGULAR OCCUPATION (JOB TITLE) <b>Maintenance Foreman</b>		Occupation				
	18. CITY		COUNTY		STATE		ZIP		20. REGULAR OCCUPATION (JOB TITLE) <b>Maintenance Foreman</b>		Departments				
THE ACCIDENT OR EXPOSURE	21. HOW LONG EMPLOYED BY YOU? <b>1-24-77</b>		22. HOW LONG IN PRESENT JOB? <b>7 years</b>		23. NUMBER OF HOURS WORKED PER DAY <b>8 1/2</b>		24. NUMBER OF DAYS WORKED PER WK. <b>42 1/2</b>		25. WEEKLY DOLLAR VALUE OF PAY IN KIND <b>PER WK. 5</b>		Months on Job				
	26. EMPLOYEE'S WAGE RATE \$ <b>11.48</b> HR. or \$ <b>100.45</b> DAY, or \$ <b>502.25</b> WK.		27. COMMISSION OR PIECE WORK EARNINGS \$ <b>0</b> IN <b>0</b> HRS. IN PAST 12 MO.		28. WEEKLY DOLLAR VALUE OF PAY IN KIND <b>PER WK. 5</b>		29. NO. OF DEPENDENTS (Please complete back of form) <b>2</b>		30. PLACE OF ACCIDENT OR EXPOSURE (LOCATION, INCLUDING COUNTY) <b>Mountain Springs, Estill Co., Ky</b>		31. DATE EMPLOYER NOTIFIED <b>4-15-91</b>				
	32. ON EMPLOYER'S PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		33. DATE OF OCCURRENCE <b>4-15-91</b>		34. TIME OF DAY <b>1:55 PM</b>		35. TIME WORKDAY BEGAN AND WOULD NORMALLY END FROM <b>7:30 A.M.</b> TO <b>4:30 P.M.</b>		36. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Begin by telling what the employee was doing just before the accident or exposure. Be specific. If employee was using tools or equipment, or handling material, name them and tell what employee was doing with them.) <b>was attempting to replace a damaged cut-out. For reasons unknown, he apparently came in contact with 7200 volt line.</b>		Nature of Injury				
	36. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Begin by telling what the employee was doing just before the accident or exposure. Be specific. If employee was using tools or equipment, or handling material, name them and tell what employee was doing with them.) <b>was attempting to replace a damaged cut-out. For reasons unknown, he apparently came in contact with 7200 volt line.</b>		37. (Now describe fully the events which resulted in injury or illness. Tell what happened and how it happened. Specify how objects or substances were involved. Give full details of all factors which led or contributed to the accident or exposure.) <b>Apparently came in contact with 7200 volts on a 3Ø Transformer Bank.</b>		38. WHAT THING DIRECTLY PRODUCED THIS INJURY OR ILLNESS? (Name object struck against or struck by, vapor, poison, chemical, or radiation. If strain or hernia, the thing being lifted, pulled, pushed, etc. If injury resulted solely from bodily motion, the stretching, twisting, etc. which resulted in injury.) <b>Voltage</b>		39. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF BODY AFFECTED. (e.g., amputation of right index finger at second joint, fracture of 3 ribs, lead poisoning, dermatitis of left hand, etc.) <b>Burned on left hand between thumb &amp; index finger. Also on right foot between heel &amp; ankle both sides.</b>		40. NAME AND ADDRESS OF TREATING PHYSICIAN <b>Pattie A. Clay Hospital - Richmond, Ky</b>		41. NAME AND ADDRESS OF HOSPITAL <b>UK Burn Center</b>				
	40. NAME AND ADDRESS OF TREATING PHYSICIAN <b>Pattie A. Clay Hospital - Richmond, Ky</b>		41. NAME AND ADDRESS OF HOSPITAL <b>UK Burn Center</b>		42. MEDICAL TREATMENT GIVEN (DESCRIBE) IF RESTRICTIONS OF DUTY OR PERMANENT TRANSFER TO ANOTHER JOB, CHECK <input type="checkbox"/>		43. DATE STOPPED WORK BE- CAUSE OF THIS INJURY OR ILLNESS <b>4-15-91</b>		44. DATE RETURNED TO WORK		45. NUMBER OF SCHEDULED WORK DAYS LOST TO DATE				
THE INJURY OR ILLNESS	46. DATE STOPPED WORK BE- CAUSE OF THIS INJURY OR ILLNESS <b>4-15-91</b>		47. IF DEATH, GIVE NAME AND ADDRESS OF NEXT OF KIN		48. DATE OF DEATH		49. REPORT PREPARED BY <b>Bobbie Lakes</b>		50. TITLE <b>Consumer Acct's &amp; Services Manager</b>		51. DATE OF THIS REPORT <b>4-16-91</b>				
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EVERY QUESTION MUST BE ANSWERED AND FORM SIGNED



